

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO/ 10602711 | FILING DATE

APPLICANT(S)

5125105

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
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48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	22		22			
TOTAL CLAIMS	26		26			

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						